

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

PHYSICIAN
OR CORONER

John W. Dennis
Died at New Orleans
Date of death 1908 Month 9 Day 25

CERTIFICATE OF DEATH

Died at <u>New Orleans</u>		Town <u>Parish</u>		County <u>Saint</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>9</u>	Day <u>25</u>	Age <u>60-</u>	Years <u>60-</u>	Months <u>✓</u>	Days <u>✓</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>New</u>					
Occupation <u>Farm</u>	Where Residing if not at place of death. <u>at home</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jane W Dennis</u>						
Father's Name <u>Edward Dennis</u>				Father's Birthplace <u>New</u>			
Mother's Maiden Name <u>Annie Dennis</u>				Mother's Birthplace <u>New</u>			
Name of person giving information <u>Ben Dennis</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

79

How Long

Only few found
long

How long

Primary

Heart Disease

Immediate

Ashtma

Are the name, age, sex, color, date and place correctly given above?

you

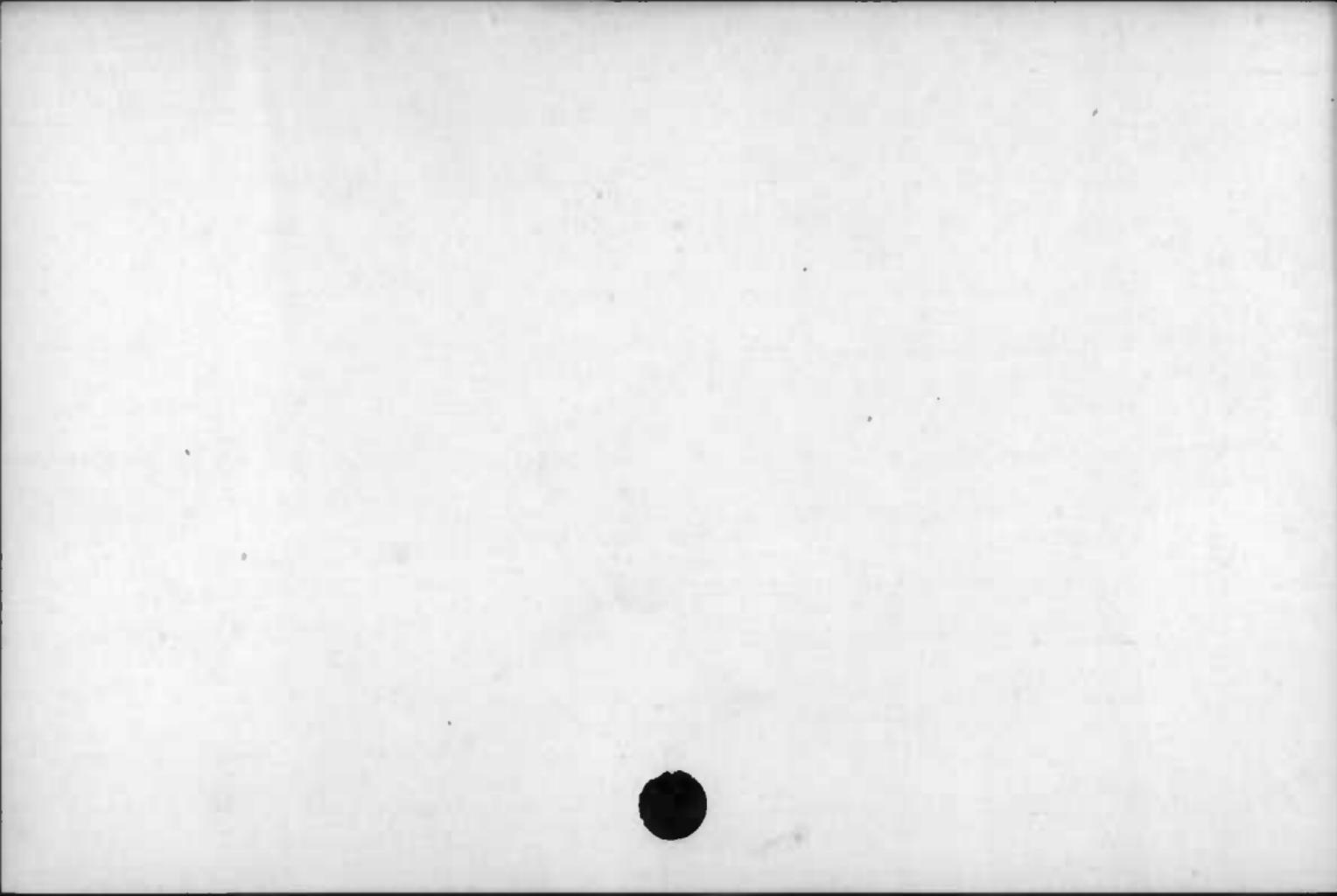
Signature of
Physician

Address:

of French (in W. in attendance)

Dr. Dimes MD

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	male	Color or Race	72		Birth-place	Somerset Co.	
Occupation	former.		Where Residing if not at place of death			Somerset.	
Married, Single or Widowed	Married	Name of Wife or Husband	Mildred Horsay.				
Father's Name	John C. Horsay		Father's Birthplace	John C. Horsay			
Mother's Maiden Name	John C. Horsay		Mother's Birthplace	John C. Horsay			
Name of person giving Information	Charles M. Horsay		How related to deceased	None			

CAUSES OF DEATH

79

Hour long

How long

PHYSICIAN
OR CORONER

Primary

arterial heart disease,

John Horsay.

Immediate

Drugs & exhaustion from disease

predom

Are the name, age, sex, color, date and place correctly given above?

pe

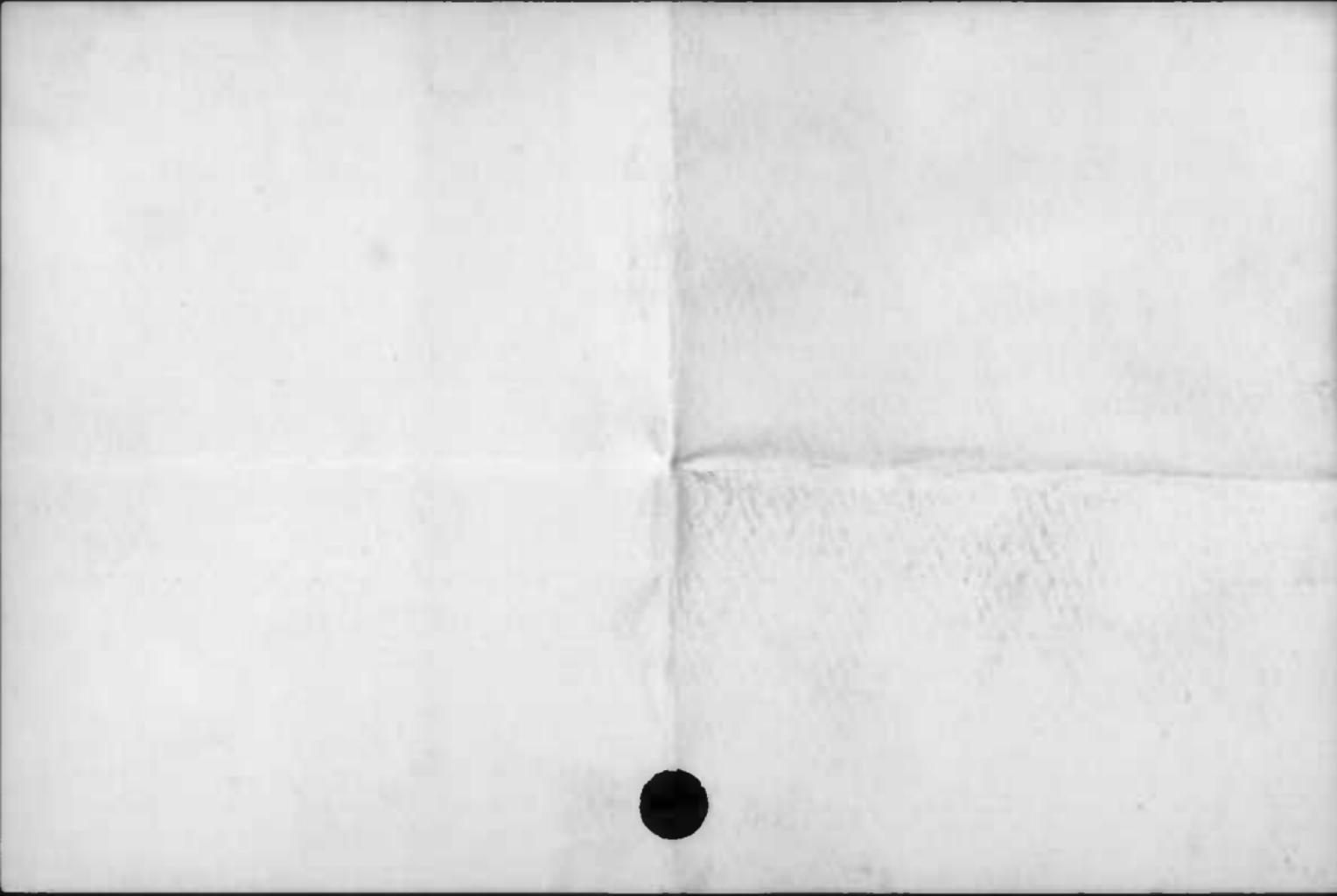
Signature of Physician

J. W. C. Horsay M. D.

Address

Pocomoke Md.
Wicomico County

Q
Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nutter May Eut

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 9	Day 19	Years —	Months 8	Days 7
Sex	Female	Color or Race	White	Birth-place	Mt. Vernon	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Eut		Father's Birthplace New Jersey			
Mother's Maiden Name	Nora Dashnull		Mother's Birthplace Somers Co.,			
Name of person giving information	Joseph Eut		How related to deceased Father			

CAUSES OF DEATH

105

How long

One fifth

How long

48 hours

Primary

Dysentery

Immediate

Inflammation of bowels

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

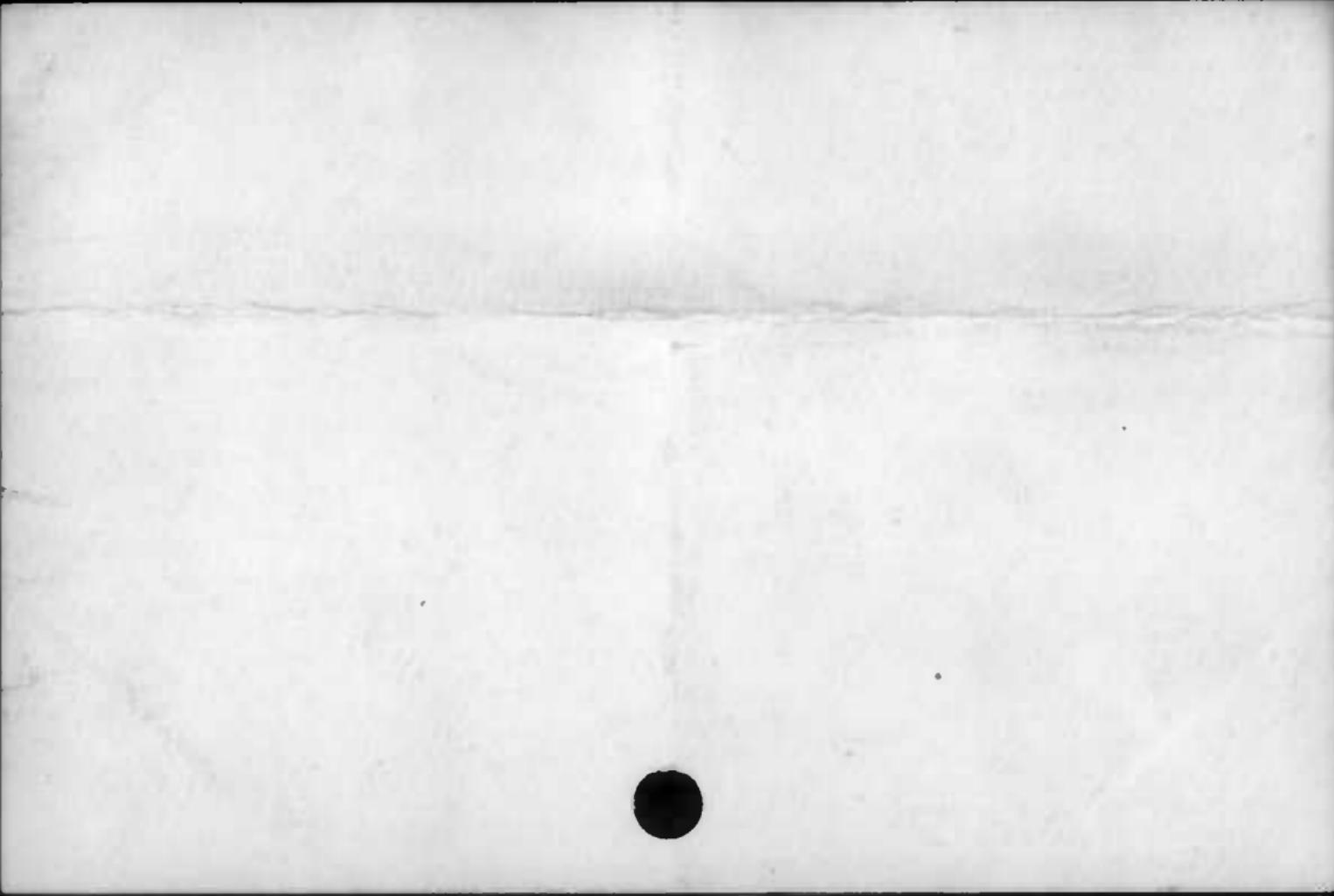
Address

H. Barnes M.D.

Princeton

P.T.D. No 7

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Alva Clegg

CERTIFICATE OF DEATH

Died at

Town

Covey

County

Somerset

MARYLAND

Date of death

Month

Day

Years

Months

Days

1908 Sept

25

Age

5

Sex

Female

Color or Race

White

Birthplace

South Island

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

S

Name of Wife or
Husband

Father's Name

Major Clegg

Father's Birthplace

South Ad.

Mother's
Maiden Name

Maggie Tyler

Mother's Birthplace

South Ad.

Name of person giving
Information

Lee Brad.

How related
deceased

natural

CAUSES OF DEATH

Primary

Cocco - spine mening

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

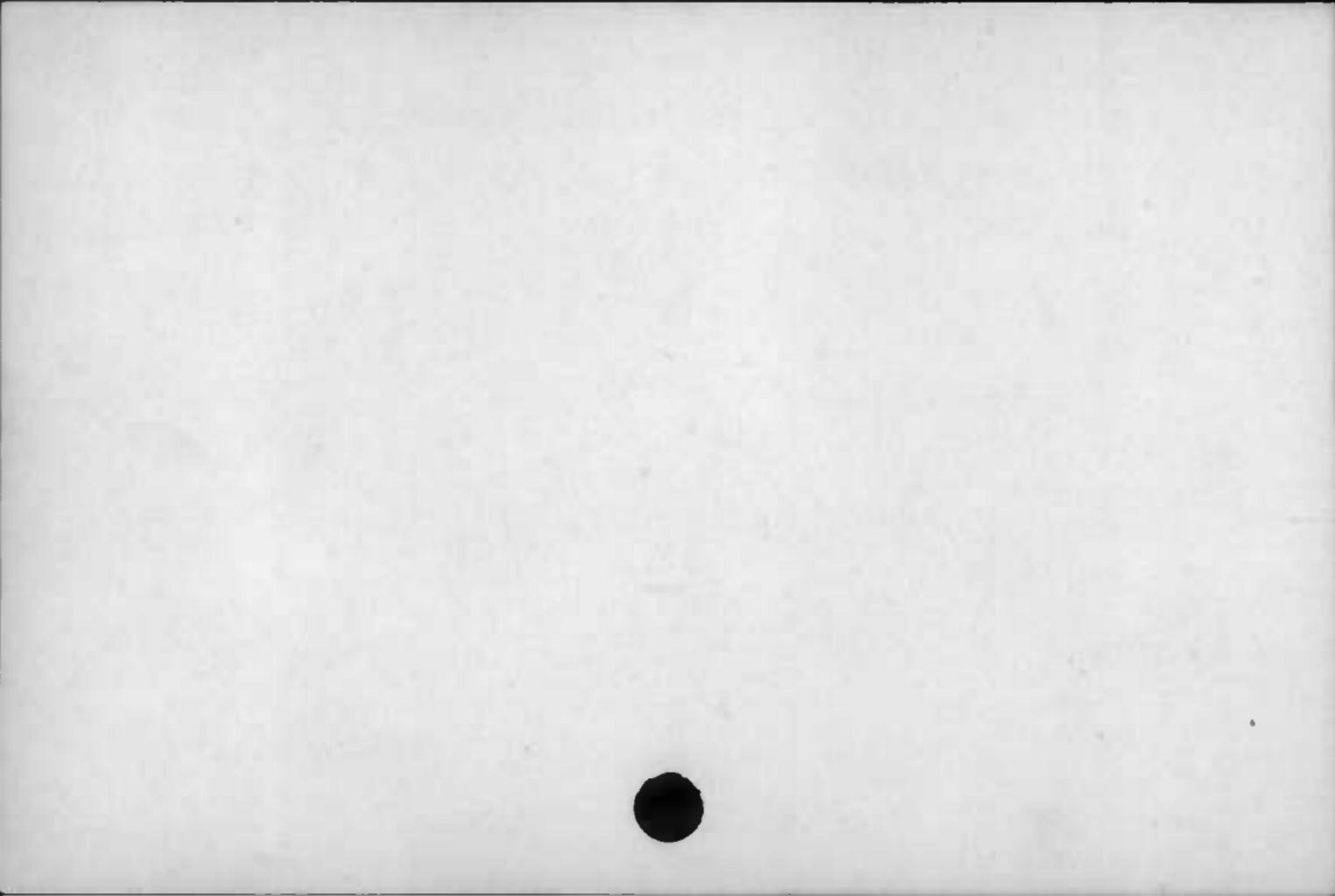
Signature of
Physician

Address

Pvt Room
Covey
N.Y.

How long

Accident or Suicide?



Name
in
Full

Geo. H. Gladden

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at Princess Anne	Somerset					
Date of death 1908	Month Sept	Day 12	Years 75	Months 7	Days 19	
Sex Male	Color or Race White	Birth-place Virginia				
Occupation Farmer	Where Residing if not at place of death Princess Anne					
Married, Single or Widowed Widowed	Name of Wife or Elizabeth	Elizabeth H Gladden				
Father's Name Geo. Gladden	Father's Birthplace			Don't know		
Mother's Maiden Name Don't know	Mother's Birthplace			" "		
Name of person giving information Frank C. Gladden	How related to deceased			Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Debility

154

How long

Immediate

Cathexis

How long

One week

Are the name, age, sex, color, date and place correctly given above?

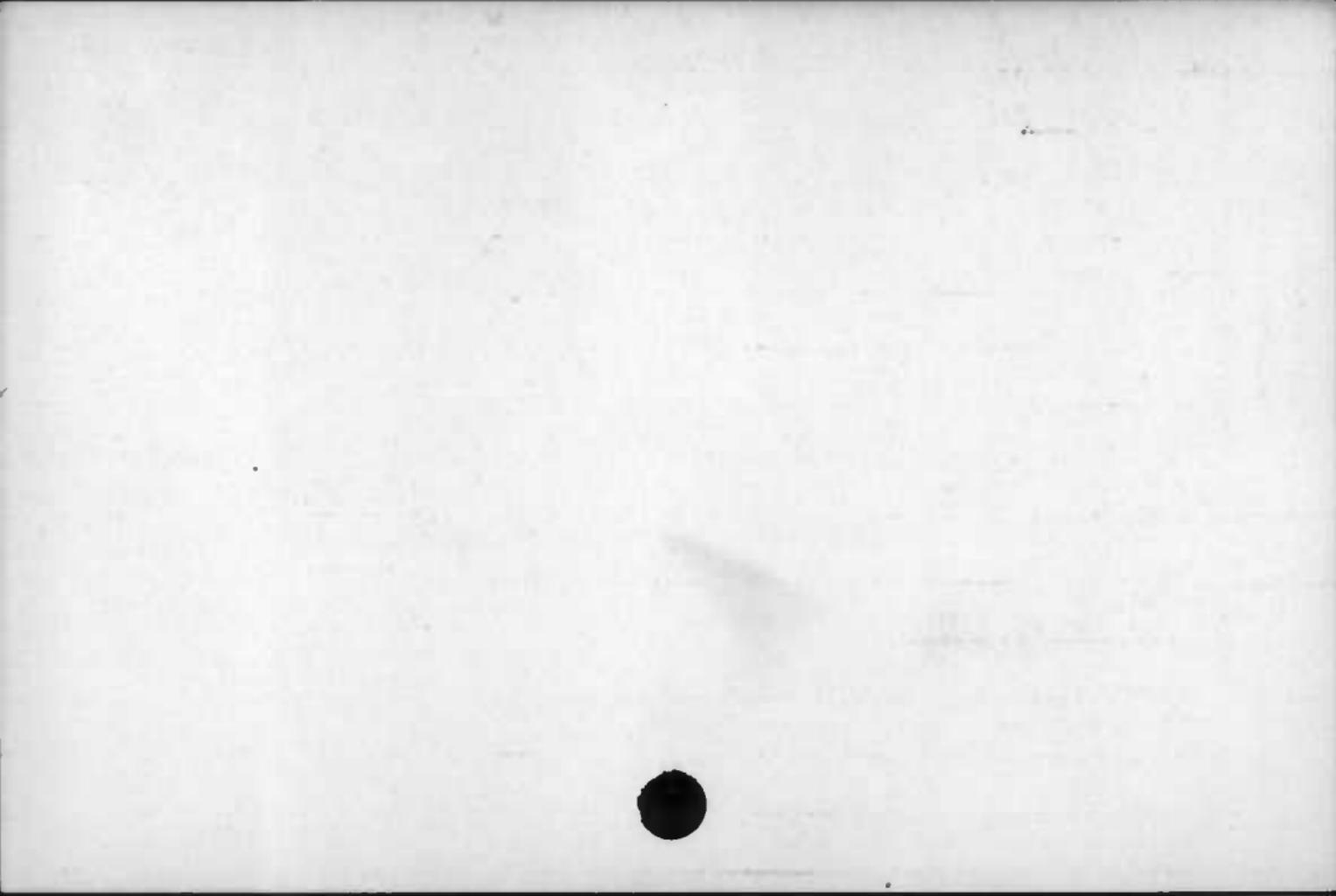
yes

Signature of Physician

Address

P. H. Hinch MD
Dr. Hinch MD

Accident or Suicide?



Name
in
Full

Elmer Hamilton Green.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at Princess Anne	Somerset				
Date of death 1908	Month Sept	Day 25	Years Age 17	Months 8	Days
Sex male	Color or Race white		Birth-place Ned.		
Occupation Grammar	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name A. H. Green				Father's Birthplace Ned.	
Mother's Maiden Name Verna Bloodworth				Mother's Birthplace Ned	
Name of person giving information A. H. Green				How related to deceased Father	Daughter

CO. OF DEATH

1

How long

About 2 weeks

How long

1 day.

PHYSICIAN
OR CORONER

Primary

Typhoid & per

Immediate

Intestinal hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Chas. T. Fisher, M.D.

Address

Princess Anne, Md.

Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Caroline Johnson

Town

County

Died at Lawsonia

Somerset

MARYLAND

Date of death 1908	Month Sept	Day 6	Years Age 36	Months	Days
--------------------	------------	-------	--------------	--------	------

Sex Female	Color or Race Black	Birth-place Somerset
------------	---------------------	----------------------

Occupation House work	Where Residing if not at place of death
-----------------------	---

Married, Single or Widowed Married	Name of Wife or Husband Samuel Johnson
------------------------------------	--

Father's Name Isaac Byrd	Father's Birthplace Somerset
--------------------------	------------------------------

Mother's Maiden Name Leah Sterling	Mother's Birthplace Somerset
------------------------------------	------------------------------

Name of person giving Information Leah Byrd	How related to deceased Mother
---	--------------------------------

CAUSES OF DEATH

119

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

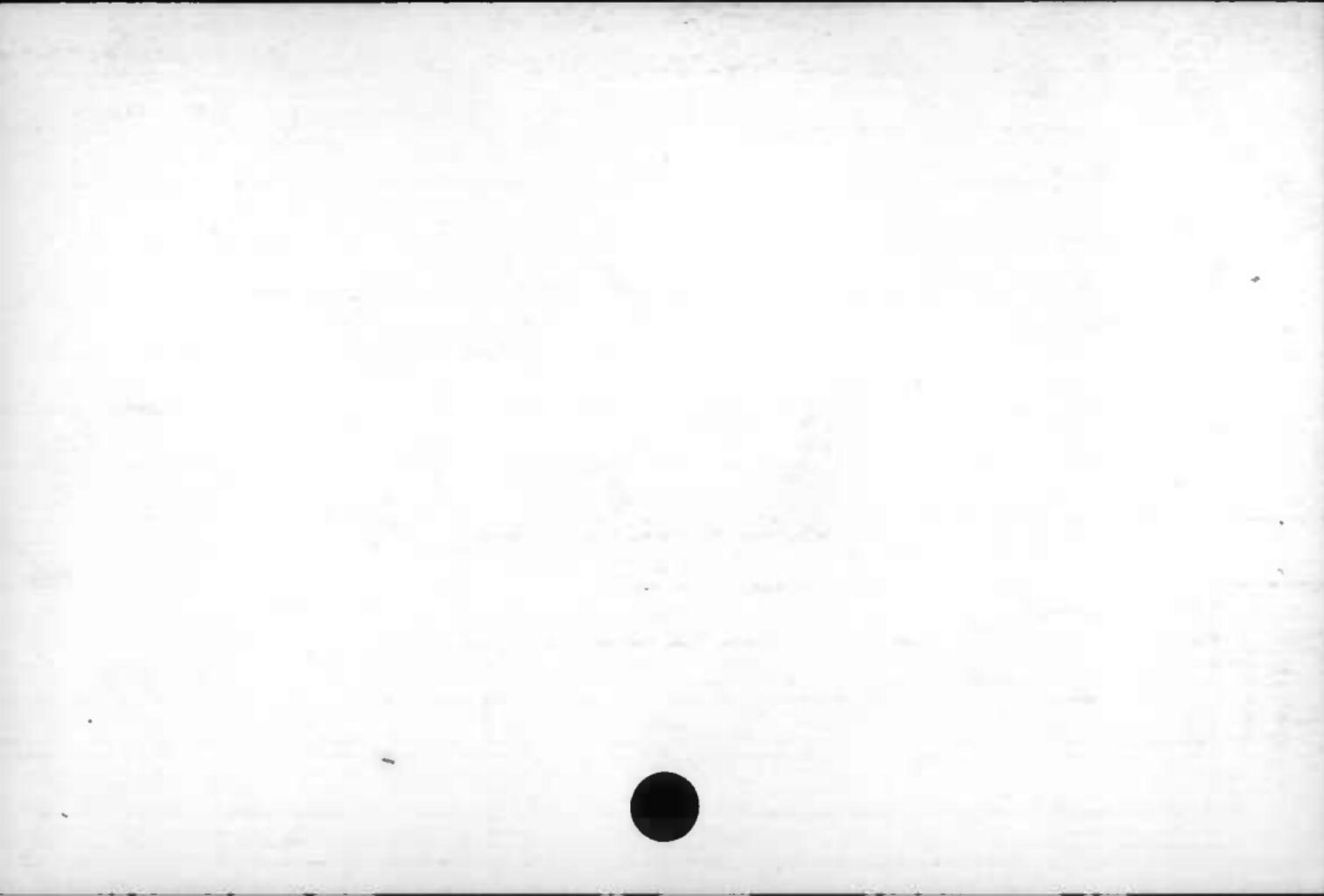
9

Signature of Physician

Address

88 Collins
Cresfield
West

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edmory Johnson

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Sept	Day 27	Years 67	Months	Days	
Sex	male	Color or Race	Black.		Birth-place	Md	
Occupation	Labor		Where Residing if not at place of death		—		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Lizzie Johnson.		—		
Father's Name	Thomas Johnson		—		Father's Birthplace	Richmond.	
Mother's Maiden Name	Richmond		—		Mother's Birthplace	Richmond	
Name of person giving Information	Leonard Thomas		—		How related to deceased	none.	

CAUSES OF DEATH

154

How long

How long

several months

Primary

Senility

Immediate

Exacerbation of disease

Are the name, age, sex, color, date and place correctly given above?

9

Signature of Physician

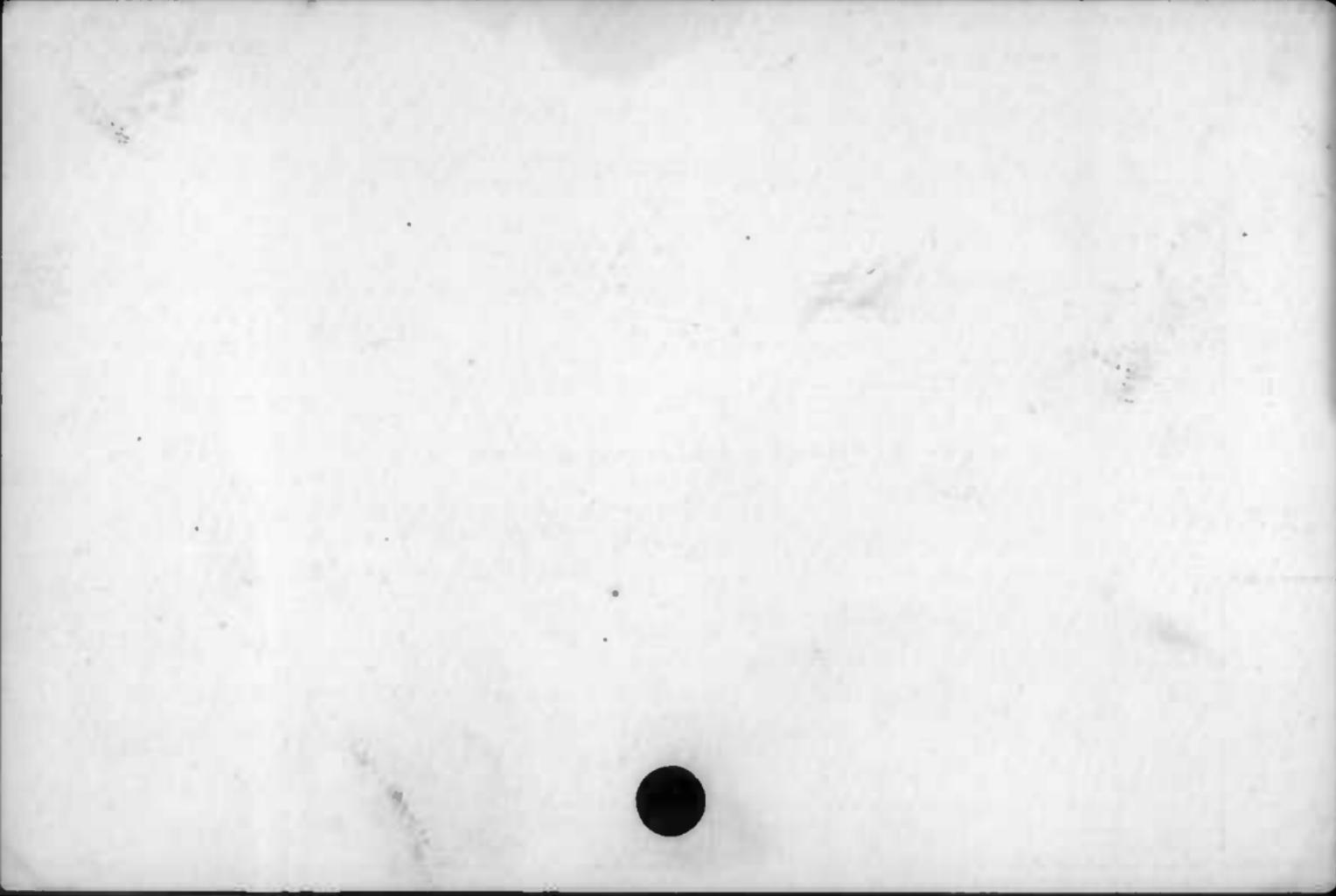
Class. G. Fisher, M.D.

Address

Processos Avenue

Accident or Suicide?

Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James E. Johnson Jr
Died at Upper Fairmount, Somerset
Town of _____ County _____
Date of death 1908 Sept 28th Years 48
Sex Male Color or Race Black
Occupation Oyster Shucker

CERTIFICATE OF DEATH

MARYLAND

Months _____ Days _____
Birth-Place Fairmount
Where Residing if not at place of death _____
Married, Single or Widowed Married Name of Wife or Husband Sarah K. Johnson
Father's Name James E. Johnson Sr Father's Birthplace Somerset Co
Mother's Maiden Name Christians Johnson Mother's Birthplace Somerset Co
Name of person giving Information Levin J. Waters How related to deceased None

CAUSES OF DEATH

79

How long

How long

Primary

Valvular Disease of Heart

Immediate

Same

Are the name, age, sex, color, date and place correctly given above?

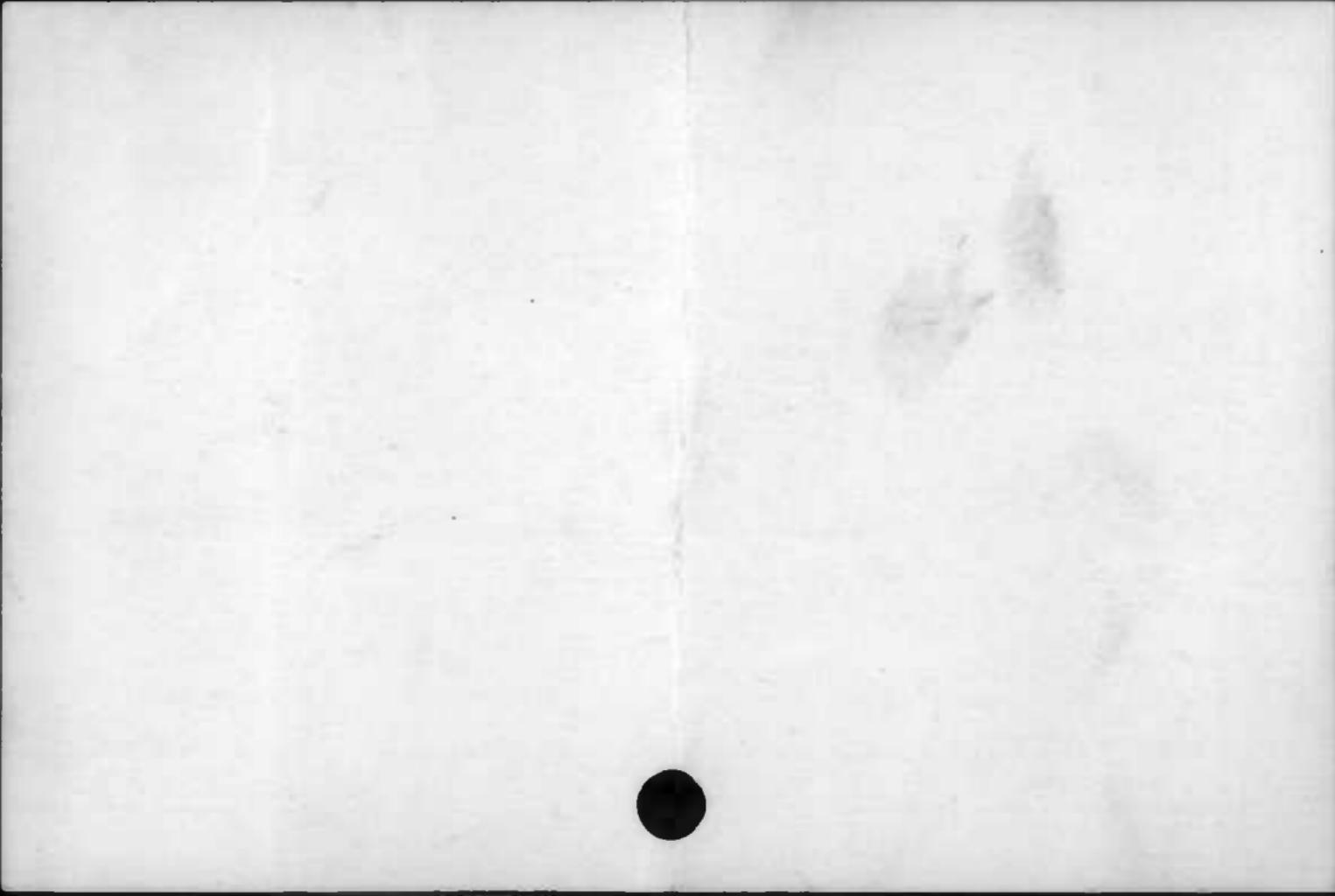
yes

Signature of Physician

Address

G. E. Dickinson
Upper Fairmount

Accident or Suicide?



Name
in
Full

Corina Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Chamblee	County Somerset	MARYLAND		
Date of death 1908	Month Sept.	Day 25th	Years	Months 3	Days
Sex Female	Color or Race Colored	Age	Birth- place Som. G.		
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Garfield Jones	Father's Birthplace Som. G.				
Mother's Maiden Name Elmore Pinkert	Mother's Birthplace Som. G.				
Name of person giving Information Garfield Jones	How related to deceased Father				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary
Garfield

How long
1 week

Immediate
asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

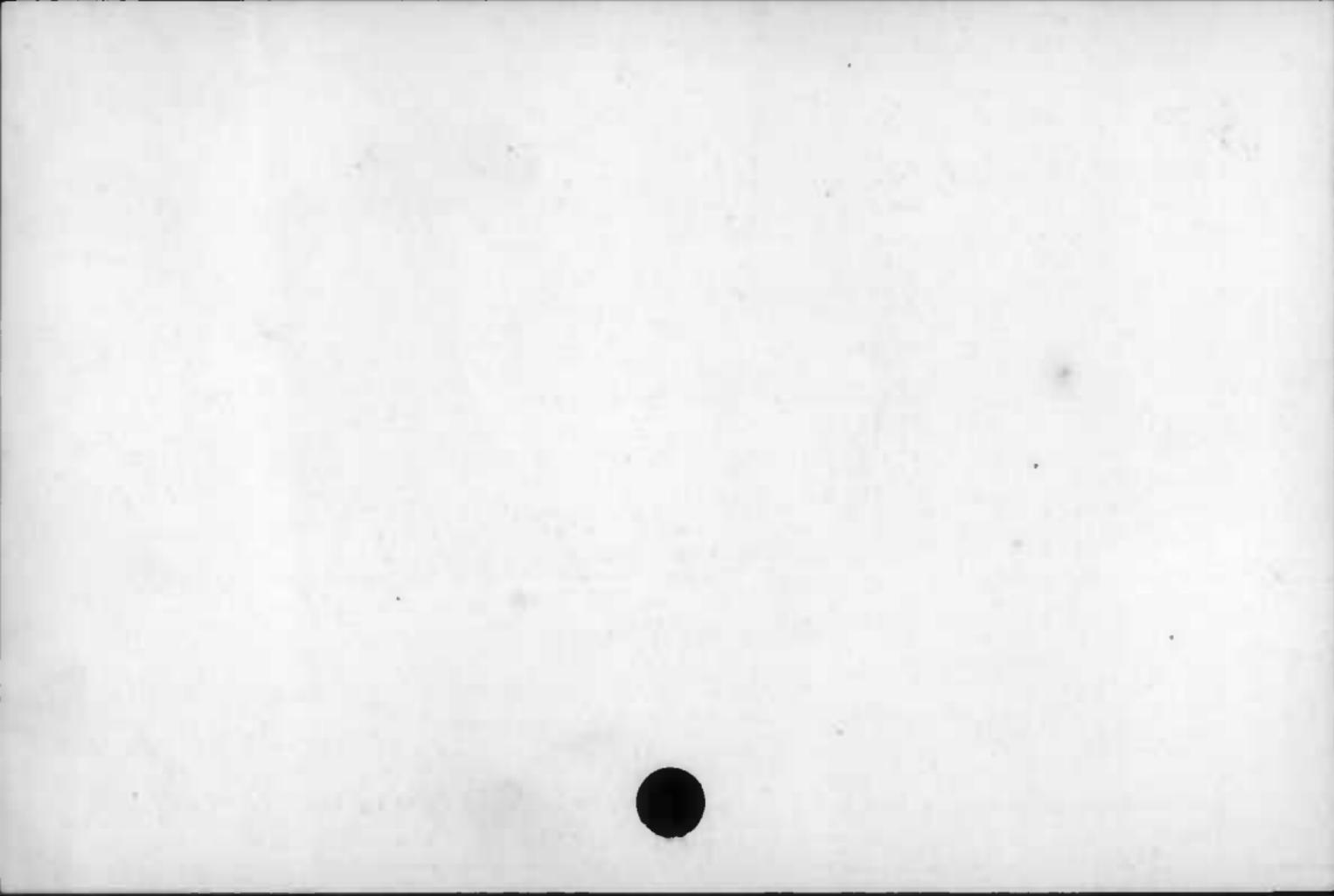
Signature of
Physician
S. J. Windsor

Yes

Address
Jones Quail, Som. G., Md

No

Accident or Suicide?



James R. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	8		
Occupation	Where Residing if not at place of death		Som. Co.		
Married, Single or Widowed	Name of Wife or Husband		Som. Co.		
Father's Name	Clarance Jones		Father's Birthplace	Som. Co.	
Mother's Maiden Name	Bertha M. Wright		Mother's Birthplace	Som. Co.	
Name of person giving information	Clarance Jones		How related to deceased	Father	

CAUSES OF DEATH

105°

How long

one month

How long

PHYSICIAN
OR CORONER

Primary

Hyp-Critis.

Immediate

Asthma

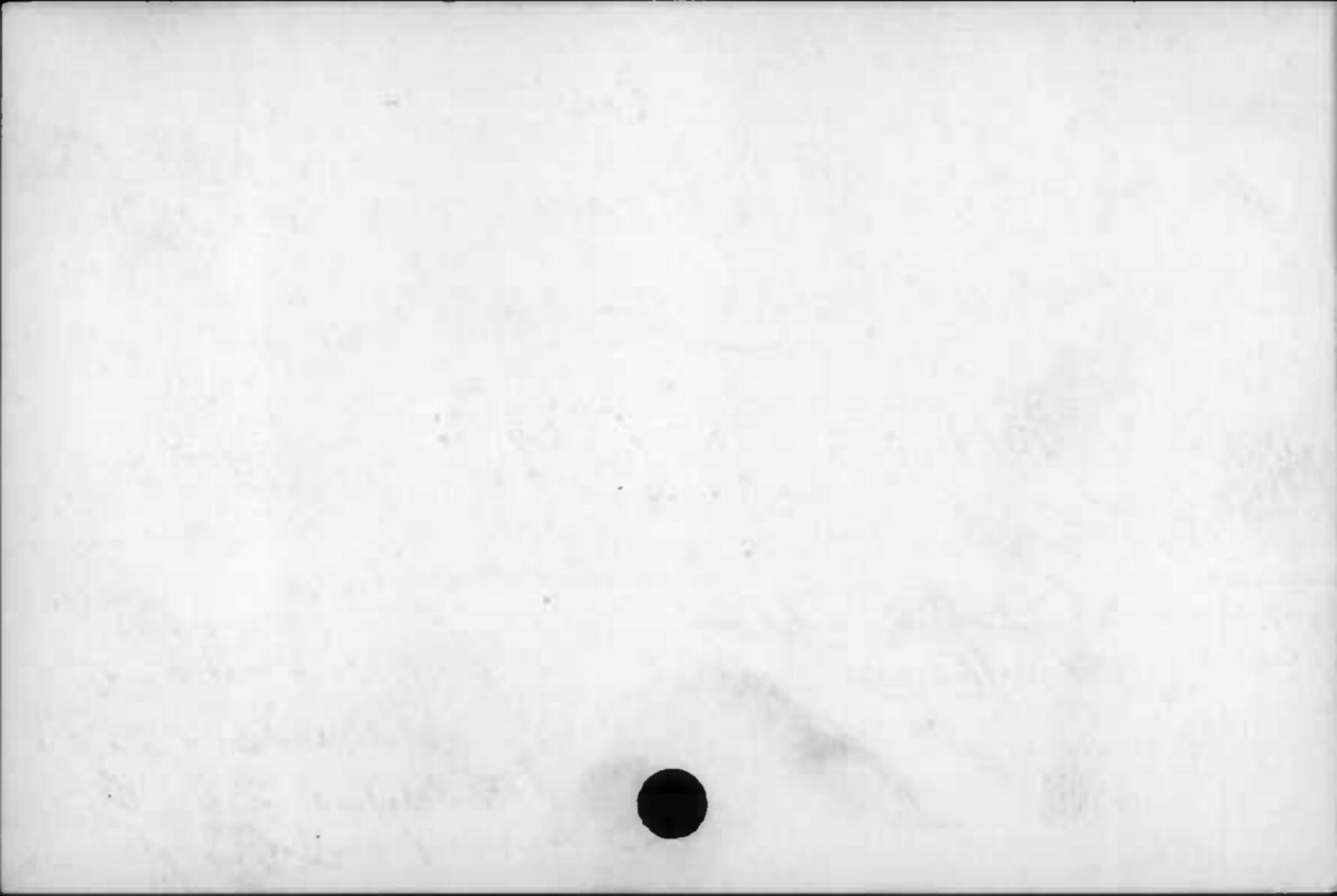
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Womack, M.D.,
Somerset Center
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Roxanae Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Danvers</u>		Town	County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>1</u>	Age <u>60</u>	Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>md</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry A Jones</u>			Father's Birthplace <u>md</u>		
Father's Name <u>Chas Jones</u>			Mother's Birthplace <u>md</u>			
Mother's Maiden Name <u>Sallie Goe</u>						
Name of person giving information <u>Henry A Jones</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

120

Primary

Reptile
Asthma

How long

3 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

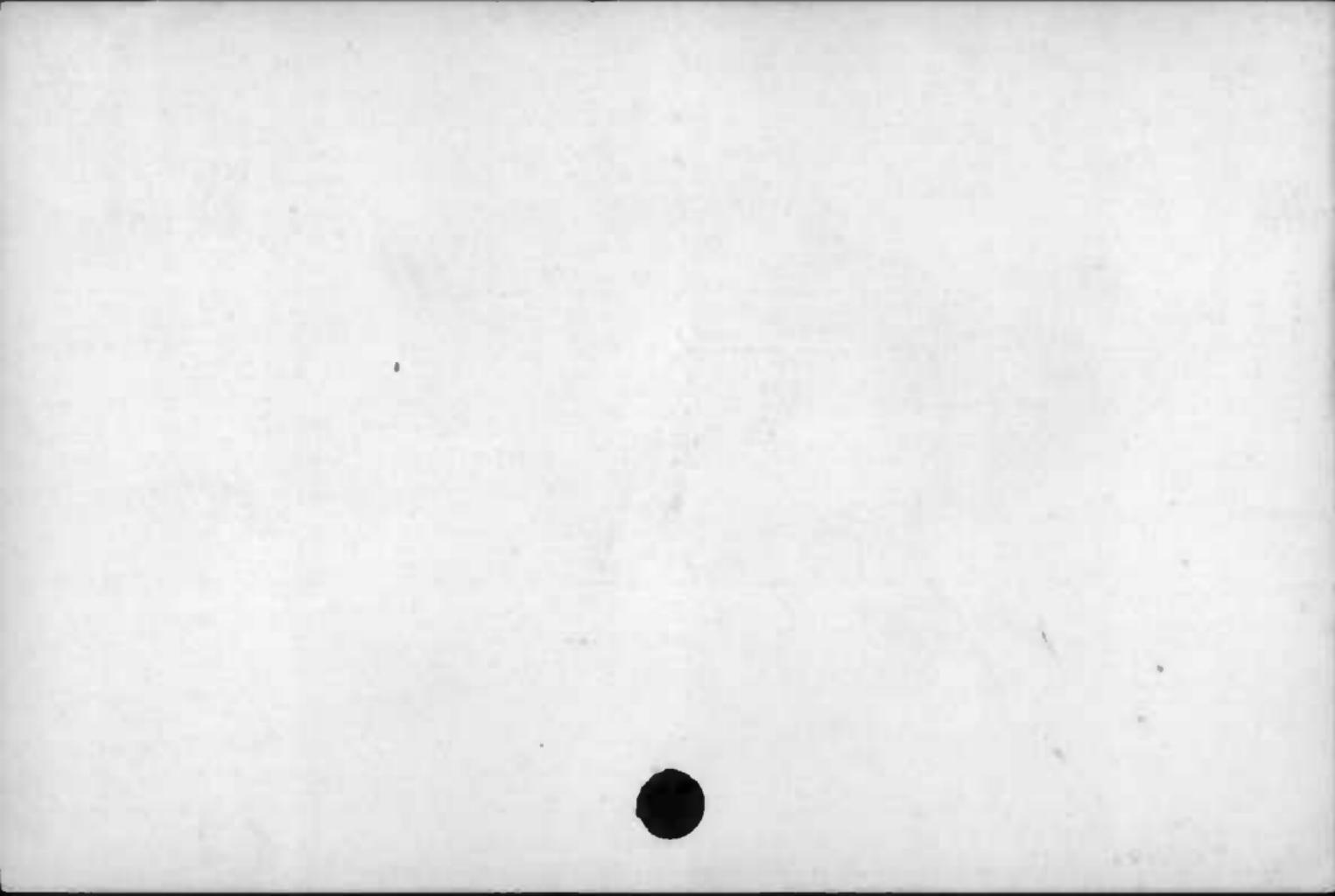
Yes

Signature of Physician

Address

S. Flounders, Jr.
Danvers, Mass.
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Reynah Laird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Circleville

Town

County

Somerset

MARYLAND

Date
of death

190

Month

Sept

Day

7

Years

54

Months

—

Days

—

Age

Sex

Female

Color or
Race

White

Birth-
place

Mid

Occupation

Walterswork

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of wife or
husband

Rehway Laird

Father's
Name

Davis

Father's
Birthplace

Mid

Mother's
Maiden Name

Johns

Mother's
Birthplace

"

Name of person giving
Information

Ranzie Laird

How related
to deceased

Son

CAUSES OF DEATH

14

How long

weeks

How long

stop

Primary

Asphyxia

14 weeks

Immediate

Intussusception

stop

Signature of
Physician

Address

Rehway

Crabtree, MD

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

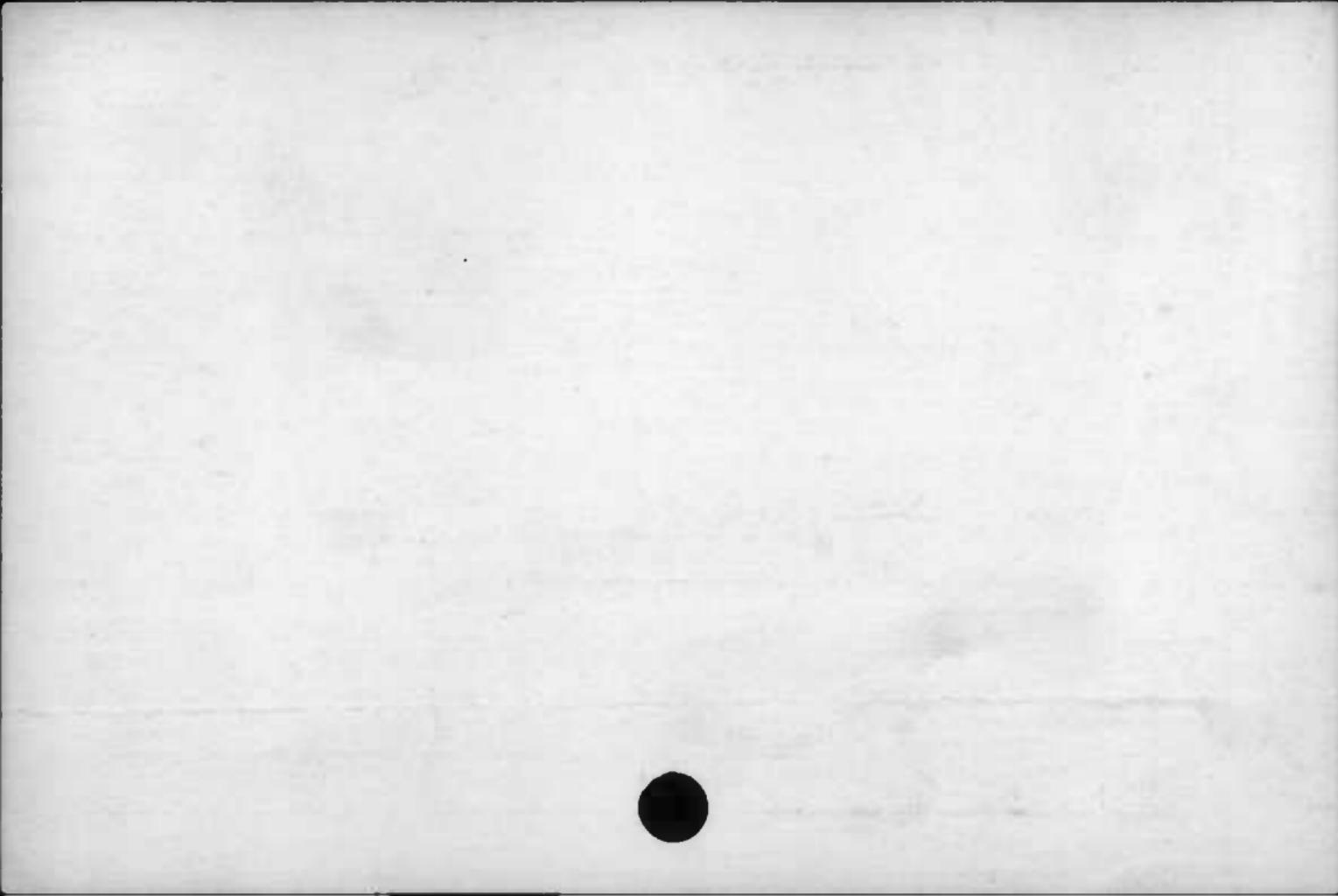
J

Signature of
Physician

Accident or Suicide?

No

Address



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Sept	9th	Age	3-		
Sex	Male	Color or Race	White	Birth-place	Som. Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James Phoebus					
Mother's Maiden Name	Ida Jones					
Name of person giving information	James Phoebus					
CAUSES OF DEATH						
Primary	Hep. Colitis					How long
Immediate	asthma					3 months
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician
<i>J.</i>						Address
Accident or Suicide?						<i>S. J. Winkler, M.D. James Phoebus Somerset Co., Md.</i>

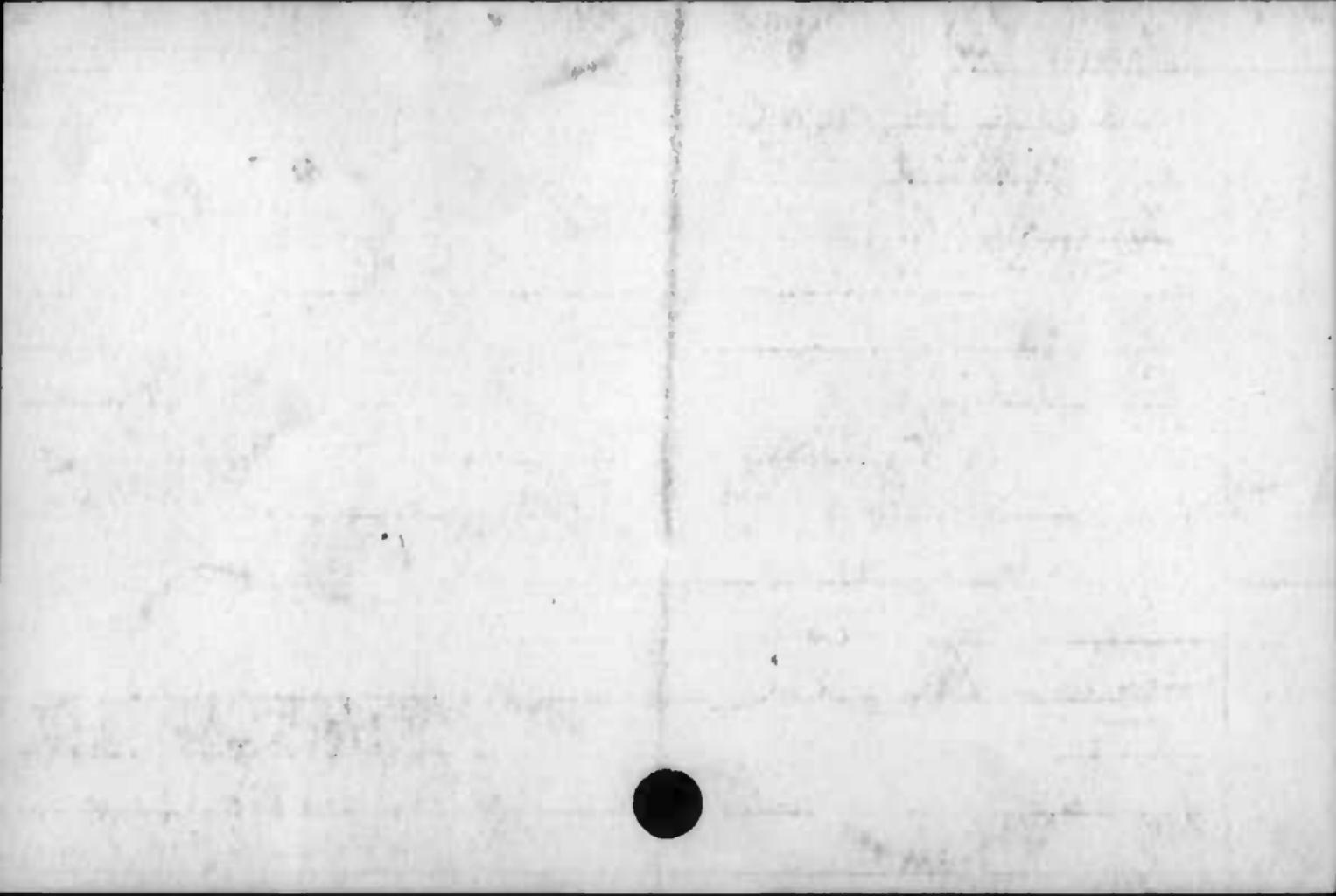
105

How long

How long

3 months

—



Name
in
Full

Adeline Shore

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Robt. Shore			
Father's Name				Father's Birthplace	Somerset Co.
Mother's Maiden Name				Mother's Birthplace	X
Name of person giving information	Robt. Shore			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile decay

154

How long

Immediate

How long

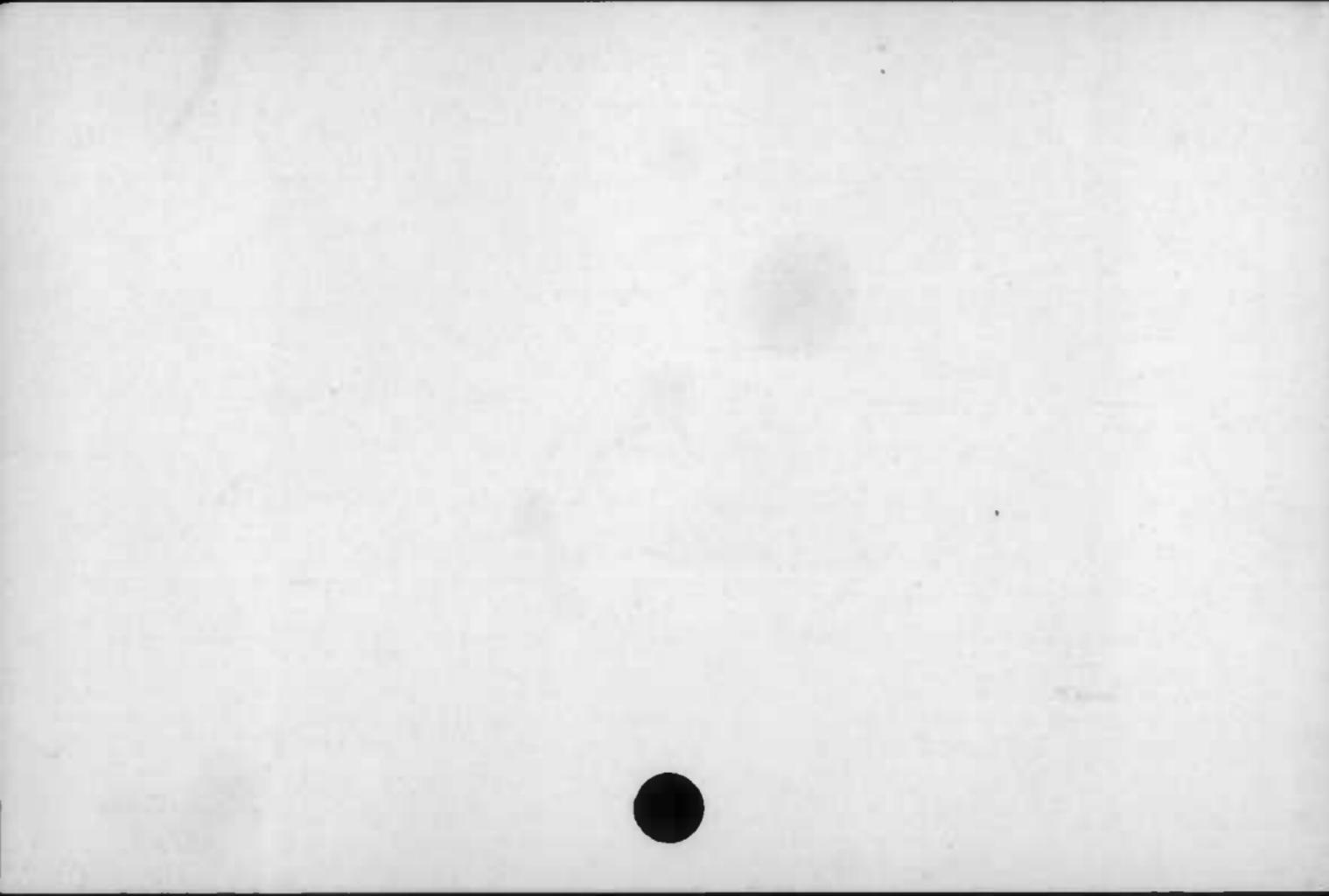
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. S. Kelly (Local Register,
James Shores,
Somerset Co., Md.)

Accident or Suicide?
Not attended by any Dr.
Had been feeble a long time

Address



Eunice Shores

CERTIFICATE OF DEATH

Died at <u>Dunes Motel</u>		Town	County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>13th</u>	Years <u>35</u>	Age <u>35</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>Somerset Co.</u>	
Occupation <u>Oysterman</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>Mary B. O'neal</u>					
Father's Name <u>Eunice Shores</u>	Father's Birthplace <u>Somerset Co.</u>					
Mother's Maiden Name <u>Margaret White</u>	Mother's Birthplace <u>Somerset Co.</u>					
Name of person giving information <u>Eunice Shores</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

27

Primary Tuberculosis

Immediate asthma

How long

one year

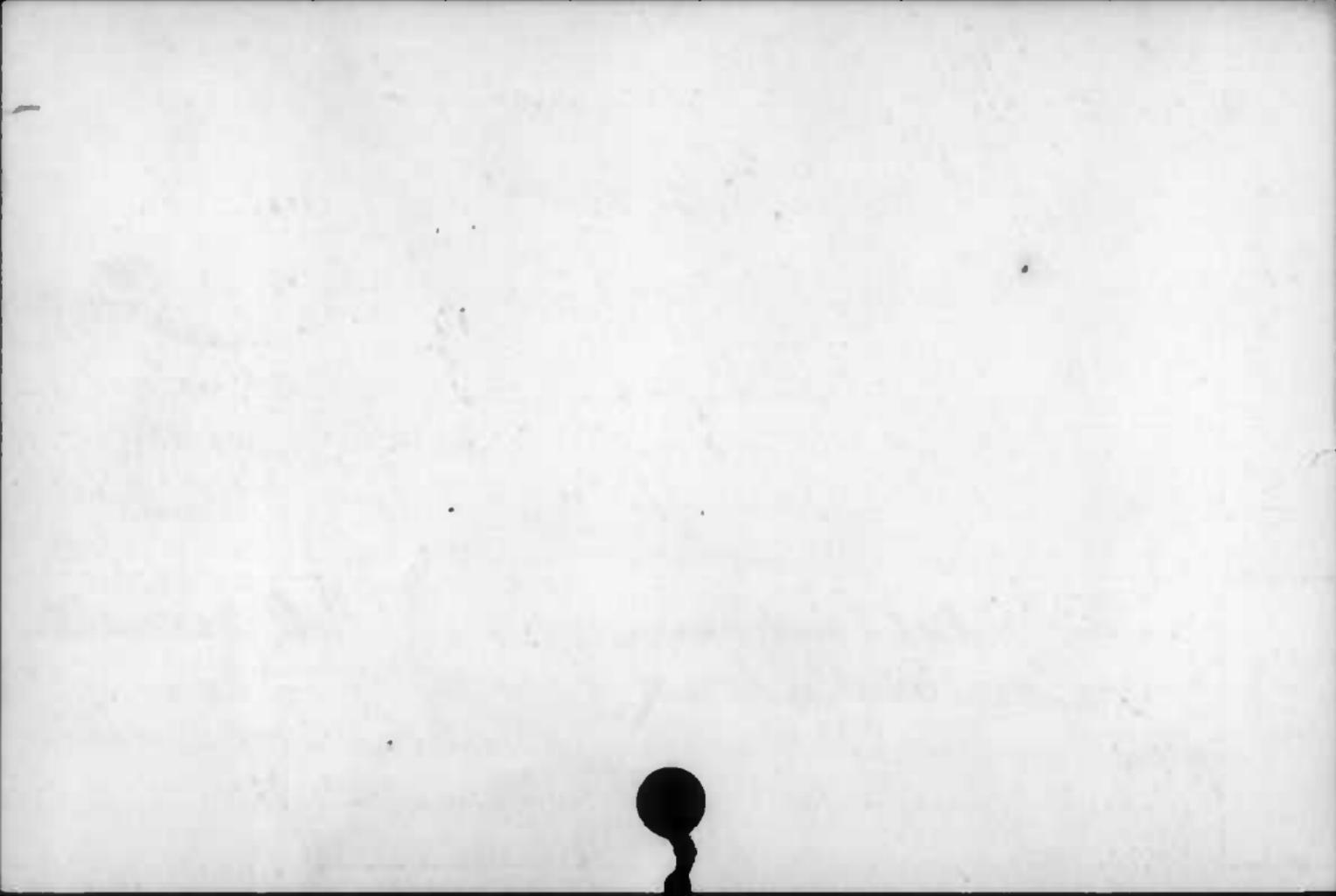
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. W. inder, M.D.
Dunes Motel
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Mary L Shores

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ewell		County		MARYLAND	
Date of death 1908	Month Sep	Day 14	Age 8 Years	Months 10	Days 24
Sex Female	Color or Race	White		Birth- place Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name F. J. Shore	Father's Birthplace Md				
Mother's Maiden Name Adie F. Webster	Mother's Birthplace Md				
Name of person giving Information Isaac J. Shores	How related to deceased Father				
CAUSES OF DEATH					
Primary	Tuberculous Meningitis				
Immediate	Convulsions				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
yrs.		Charles Schwatka		2 months	
Address		Deals Island		3 hrs.	

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Seducey William Smith

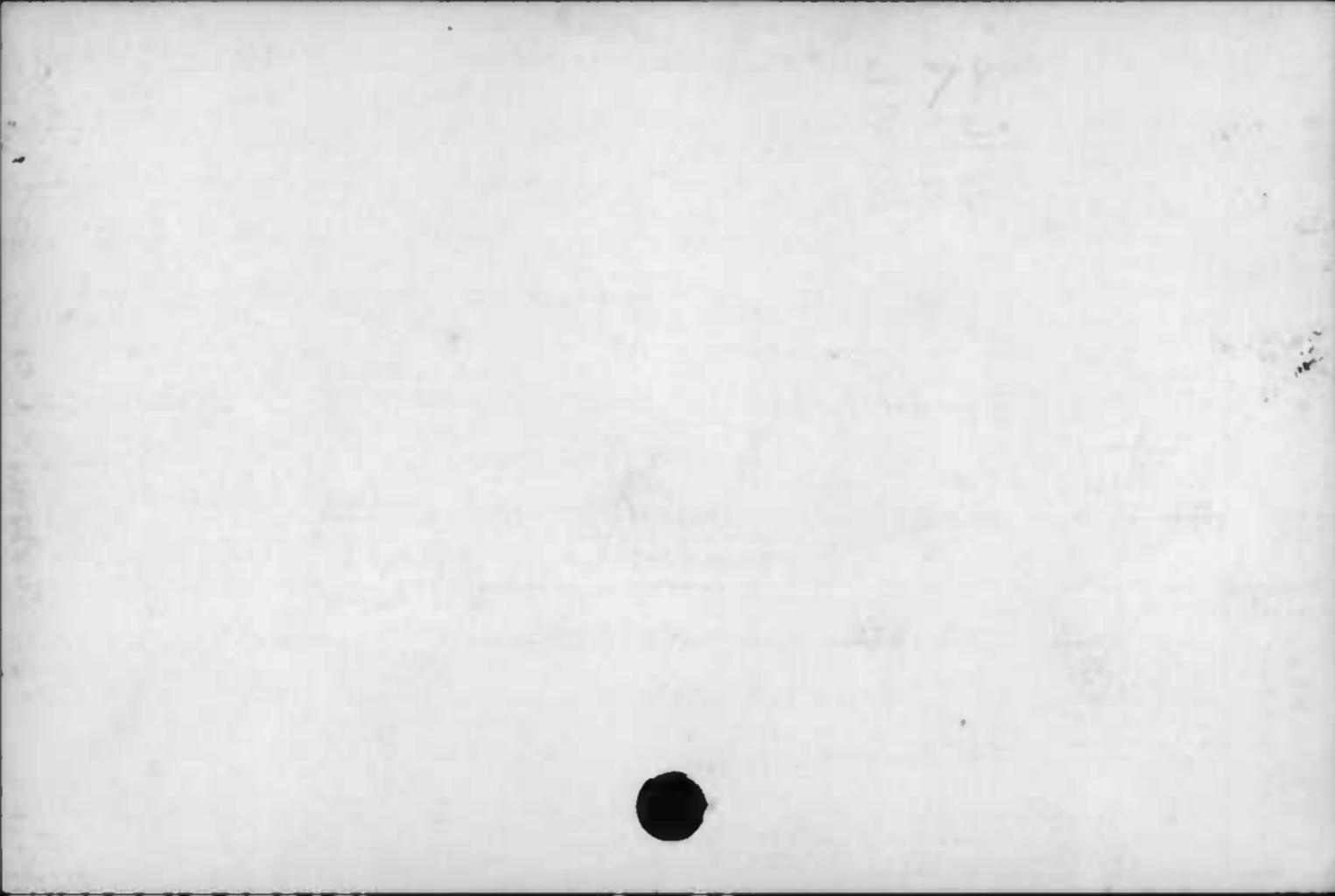
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Sept	Day 29	Years	Months 4	Days 16
Sex	Male	Color or Race	White		Birth-place	Ogletown
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Singer		Name of Wife or Husband			
Father's Name	George Smith				Father's Birthplace	Smithfield.
Mother's Maiden Name	Eliza Annie Bradshaw				Mother's Birthplace	Smithfield.
Name of person giving Information	Eliza Annie Bradshaw				How related to deceased	Daughter
CAUSES OF DEATH						
Primary	Pneumonia				How long	5 days
Immediate					How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<input checked="" type="checkbox"/>	R H Paes	112 Main
Accident or Suicide?	Coville, Md.	



Name
In
Full

William J. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	73	
Occupation	Farmer		Where Residing if not at place of death	Lexington, Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Sterling		
Father's Name	William		Father's Birthplace	Md	
Mother's Maiden Name	Nellie		Mother's Birthplace	Md	
Name of person giving information	G. S. Simonsen		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Softening of Brain

65

How long

3 months

Immediate

Cerebral Haemorrhage

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

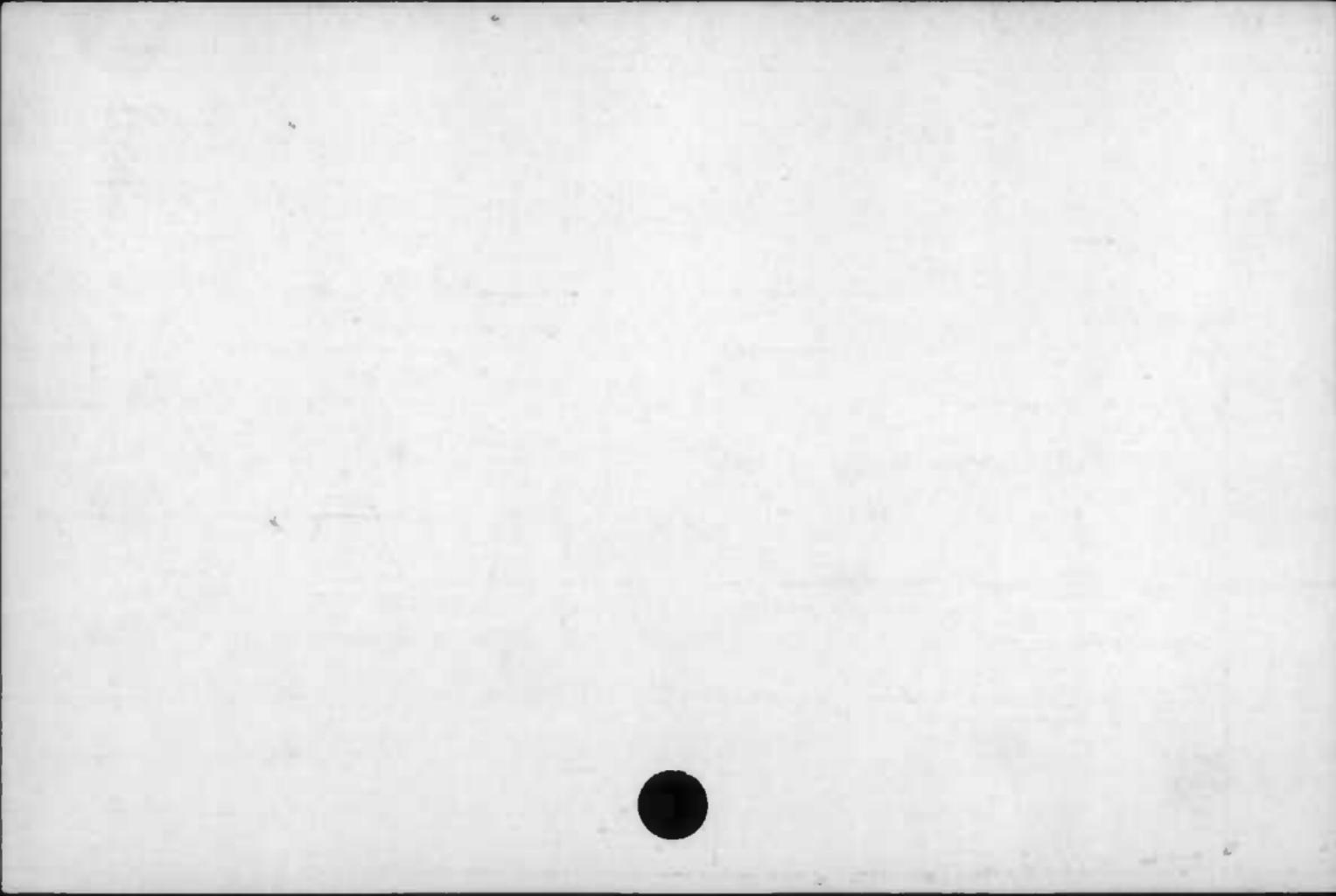
Signature of Physician

G. S. Simonsen

Address

Lexington
Md

Accident or Suicide?



Name
in
Full

Johnsey Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Sept	Day 28th	Years 84	Months -	Days -
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	Deals Island		
Married, Single Widowed	Name of Wife or Husband		John P. Thomas		Father's Birthplace	Smiths Island
Father's Name	Bennie Thomas				Mother's Birthplace	Smiths Island.
Mother's Maiden Name	Rachel Thomas				How related to deceased	Son
Name of person giving information	Johnsey Thomas					

CAUSES OF DEATH

154

How long

51 years

How long

no physician 2 weeks

PHYSICIAN
OR CORONER

Primary
old age

Immediate
Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

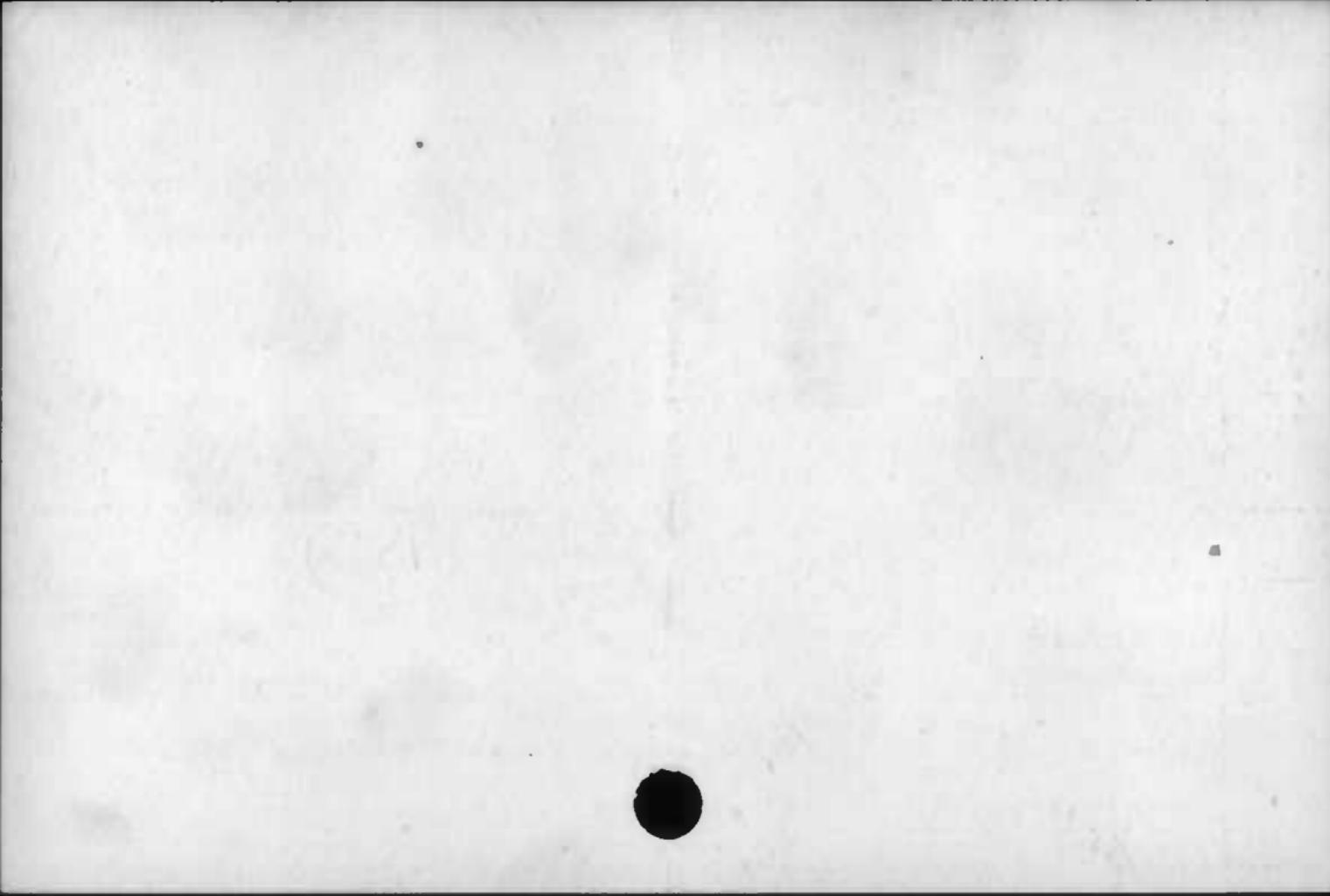
Address

Geo B. Sawyer
Sub Reporter

Deals Island

Md.

Accident or Suicide?



Name
in
Full

Martha Ellen Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY.
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			✓	
Married, Single or Widowed	Name of Husband	Jesse Sims			
Father's Name	Jesse Simpkins			Father's Birthplace	Ind
Mother's Maiden Name	Betsey Simpkins			Mother's Birthplace	Ind
Name of person giving information	William Sims			How related to deceased	Son

CAUSES OF DEATH

119

How long

5 yrs

Primary	Dementia	
Immediate	Nephritis + Bronchitis	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	

